

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE USING THE FORM!!!

NAME OF FORM: Travel Request Authorization

RESPONSIBLE OFFICE: Finance

CONTACT PERSON: Mellanie Jinnette (4-3605)

DATE LAST REVISED ON NETWORK: 07/08/15

PURPOSE OF FORM: This form must be completed and approved in advance of departure in accordance with the State Department of Education' [P:\Policy\Travel\\_505\\_05-27-2015\).pdf](P:\Policy\Travel_505_05-27-2015).pdf).

INSTRUCTIONS: See Below.

## SC DEPARTMENT OF EDUCATION

### TRAVEL REQUEST AUTHORIZATION PROCEDURES

Individuals traveling on behalf of the Department of Education are required to seek and obtain authorization to travel at Department expense in advance of departure. This process includes the completion and signature approval of a "Travel Request Authorization" form. This form should be completed and approved in adequate time to obtain applicable early discounts. A completed and approved TRA form **must** be submitted with the travel reimbursement form.

A Travel Request Authorization (TRA) form must be completed and approved when:

- (1) **traveling out-of-state.** ALL out-of-state travel must be approved by the State Superintendent. Procedures also apply to non-state employees and non-SCDE employees traveling on behalf of the State Department of Education.
- (2) **traveling overnight.** (Reminder: Employees may only be reimbursed for lodging if more than 50 miles from headquarters or residence.) In-state overnight travel must be approved by the employees' immediate supervisor, director or deputy depending on the director's authority level. Directors may have authority to approve in-state travel for office staff if hotel lodging is not over the federal lodging rate and cost of anticipated travel does not exceed \$2,000. Employee should check with their division deputy regarding signature authorization levels for travel as the requirements vary within divisions. Overnight travel that will exceed the federal lodging rate must be submitted for approval and signature to the division deputy, CFO and Superintendent prior to the trip. A justification for exceeding the federal lodging rate must be attached to the TRA form. For your convenience a TRA Addendum has been created for the justification (see attached). Procedures also apply to non-state employees and non-SCDE employees traveling on behalf of the State Department of Education. Federal lodging rates are found at <http://www.gsa.gov/portal/category/21287>. Click on the per diem link.
- (3) **purchasing an airline ticket.**
- (4) **a registration fee is required to attend a conference or seminar.**
- (5) **renting a state vehicle from the State Fleet Management Office** (applicable to specific offices within the agency)
- (6) **renting a vehicle from a company** (Hertz, Dollar, Enterprise, etc.).
- (7) **direct billing** (Note: A shopping cart is required for lodging.)
- (8) **seeking reimbursement for use of a personal vehicle; or**
- (9) **at the direction of the office director or deputy.**

**NOTE: Any deviation from these procedures will delay and possibly disallow the travel reimbursement.**

If you wish to print these instructions, highlight the text above; select the Home tab, click on the arrow to the right of the word "Font" and uncheck "Hidden" box below Effects.

**SOUTH CAROLINA DEPARTMENT OF EDUCATION**  
**Travel Request Authorization Form**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Program or Objective Supported: \_\_\_\_\_

Statutory or Regulatory Authority, if applicable: \_\_\_\_\_

(To check boxes, right click on box; click on properties; then click on the Default Value "Checked.")  
Is travel or attendance required by a grant? Yes ☐ No ☐ If yes, name of grant: \_\_\_\_\_

Are expenses being reimbursed by a third party? Yes ☐ No ☐ If yes, name of third party: \_\_\_\_\_

State Fleet Pool Ticket: # \_\_\_\_\_ Private Auto ☐ Airplane ☐ Other(Explain): \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Time of Return: \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Deputy Supt's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COST CENTER:** \_\_\_\_\_

**GRANT #:** \_\_\_\_\_

**FUNCTIONAL AREA:** \_\_\_\_\_

**FUND:** \_\_\_\_\_

**Cost Estimate:**

Lodging: Cost per night \$ \_\_\_\_\_ Federal lodging rate: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Approved ☐ Disapproved ☐ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
CFO

Transportation \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee (Exclude Meals Covered in Registration Fee) \_\_\_\_\_ \$ \_\_\_\_\_

Meals \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \_\_\_\_\_ \$ \_\_\_\_\_

**Approval:**

(Applicable for all out-of-state travel and lodging exceeding the federal lodging rate as well as all travelers reporting directly to the State Superintendent)

\_\_\_\_\_  
State Superintendent's Signature

\_\_\_\_\_  
Date